

2P

Is your RETURN ADDRESS completed on the reverse side?

SENDER: 8cv2917

☐ Complete items 1 and 2 for additional services.
Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

7004 2510 0001 9802 7392

Chief of Criminal Appeals
Illinois Attorney General's Office,
100 West Randolph - 12th Floor
Chicago, IL 60601

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

Office Of The Attorney General
Office Services

PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

FILED
JUN 24 2008 TC
JUN 24 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

• Print your name, address, and ZIP Code in this box •

08cv2917
United States District Court
219 S. Dearborn St
Chicago, IL 60604

RECEIVED

JUN 24 2008

MICHAEL W DOBBINS
CLERK, U. S. DISTRICT COURT